

Administrative/Small Simplified Site Plan Application
Durham City-County Planning Department
(Both Pages Must be Completed and Application Signed by Owner and Applicant)

Project Summary

Project Name (No Duplicates)	(Also List Former Names if Changed)		
Use of Property	Proposed:	Existing:	
Acreage	Project Area:	Total Tract/Project:	
Application Type	<input type="radio"/> Small Simplified Site Plan <input type="radio"/> SP Amendment* <input type="radio"/> Administrative Site Plan (Planning only)		
Jurisdiction for Review	<input type="radio"/> City <input type="radio"/> County, Inside UGA <input type="radio"/> County, Outside UGA		
Tier	<input type="radio"/> Downtown <input type="radio"/> Compact Neighborhood <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural		
Basin	<input type="radio"/> Neuse <input type="radio"/> Cape Fear		
Zoning District	Present/Proposed Zoning:	Zoning Case Number(s):	
Watershed	Name of Overlay:		Existing % Impervious Surfaces:
	Proposed % Impervious Surfaces:		Area of Proposed Impervious:
Other Overlays	Name of Overlay:		

Applicant/Contact Person

Name & Organization:		
Street:		
City, State, Zip:		
Phone:	Fax:	Email:

Owner

Name & Organization:		
Street:		
City, State, Zip:		
Phone:	Fax:	Email:

Project Location

Address:			
Location Description:			
PIN (12 digits)	Acreage	PIN (12 digits)	Acreage

Attach additional sheet if needed

Triage Results (Staff Use Only)

Design Compliance Review Needed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UDO Section 7.3.1 Review <input type="radio"/> Design Guidelines/District	Correct # of Plans: <input type="radio"/> Yes <input type="radio"/> No # needed _____
Status <input type="radio"/> Accept <input type="radio"/> Hold <input type="radio"/> Not Accept (If hold or not accept, applicant called /e-mailed by _____ & date _____)	
Missing items from Triage:	
Date Application Complete:	Comments Due:
Assigned Case Planner:	Assigned Case Number:
Project Scope:	

*Site Plan Amendments – also check either Small Simplified Site Plan or Administrative Site Plan, depending upon scope

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Previously Approved Plans		Previous Planning Case Numbers:					
Proposed Residential Units and Density (If No Preliminary Plat Req):	Number of Each Type of Residential Unit			Proposed Density (Units/Acre)			
Total Residential Density	Existing (with type):			Proposed:			
Proposed Non-Residential Space (in Square Feet): (No New Floor Area Allowed for Administrative SP, Maximum 1,000 Sq. Ft for Small Simplified)	Commercial:	Ex:	Prop:	Office:	Ex:	Prop:	
	Restaurant:	Ex:	Prop:	Hotel:	Ex:	Prop:	
	# of Seats:	Ex:	Prop:	# of Rooms:	Ex:	Prop:	
	Government:	Ex:	Prop:	Research:	Ex:	Prop:	
	Institutional:	Ex:	Prop:	Industrial:	Ex:	Prop:	
	Other (type):		Existing:	Proposed:			
Total Non-Residential	Existing:		FAR:	Proposed:		FAR:	
Areas of Environmental / Historical Concern (Check All that Apply)	<input type="checkbox"/> Floodplain <input type="checkbox"/> Stream Buffers <input type="checkbox"/> Steep Slopes			<input type="checkbox"/> Wetlands <input type="checkbox"/> Natural Inventory Sites <input type="checkbox"/> Historic Resources <input type="checkbox"/> Landmark			
	<input type="checkbox"/> Zoning Map Change (Case ZO _____) <input type="checkbox"/> Major Special Use Permit _____ <input type="checkbox"/> Minor Special Use Permit _____ <input type="checkbox"/> Variance for _____ <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Historic Preservation Commission Review			<input type="checkbox"/> Street Closing _____ (Street Name) <input type="checkbox"/> Street Name Change _____ (Name) <input type="checkbox"/> Appearance Commission (Date _____) <input type="checkbox"/> Annexation (Effective _____) <input type="checkbox"/> Design District Review Team <input type="checkbox"/> Neighborhood Protection Overlay			
Signature of Applicant Required for Processing		Print Name & Company			Date		
Signature of Owner Required for Processing		Print Name & Company			Date		
Submittal Schedule							
Small Simplified Site Plans – Any day-- all plans submitted before 11 am each Friday will be sent out the following week for a 2.5 week review							
Administrative Site Plans – Any day-- reviews will usually be completed within one week, as schedule and workload permits							
Staff Use Only							
Fee Calculation: Base Fee = \$ _____ X 4% surcharge (\$ _____) = Total Fee Required = \$ _____							
Fees Paid: _____		Check # _____		Received by:		Submittal Date:	
						Time:	
Stormwater Letter		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Stormwater Checklist and Maps		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
N2 Study Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Tree Coverage/Buffers Shown		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Landscape Worksheets /Interactive Model Attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Specimen Tree Survey Attached		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Stream Buffer Delineation		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Sidewalk Payment in Lieu/ Alt Sidewalk Request		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Description of Revisions if Amendment		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Special Documentation Attached		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Type: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Plan Distribution*							
Planning (Only for Admin.)		Co Sed. & Erosion Control		Public Works Engineering		Pub. Works Transportation	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspections		Co Stormwater		Public Works Stormwater		NC DOT	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List others as needed: